

Institute of Health Sciences Midwifery Program: Midwifery Curriculum

March 2004

Transitional Islamic Government of Afghanistan:
Ministry of Health, Human Resources Development Department

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INSTITUTE OF HEALTH SCIENCES MIDWIFERY PROGRAM

MIDWIFERY CURRICULUM

*Human Resources Development Department
Ministry of Health
Transitional Islamic Government of Afghanistan*

2004

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FOREWORD

The work on revising and updating the midwifery-training program at the Institute of Health Sciences (IHS), Kabul, began in August 2002, in response to a request from the Ministry of Health (MoH) for support to provide a one year midwifery training program for a small group of students who had had their training suspended five years previously.

It was agreed that the training program should focus on the development of the clinical skills needed for basic maternal and newborn care, as well as for the management of complications in pregnancy and childbirth. A consultant was recruited through USAID/UNICEF/JHPIEGO to develop the program using a competency-based approach to learning, focusing primarily on the development of the required clinical skills. The consultant worked with staff from the IHS, IMC, and AKDN to obtain input during development of the program and to introduce the concept of competency-based learning and the methods and materials to be used. The process of program development was rapid, as the students were on campus and classes had begun. Teachers were having their knowledge and skills updated and at the same time learning to use new methods and materials for teaching-learning. Nonetheless, the new program was successfully implemented and the initial group of students completed the main theoretical content and simulated practice components of the program in December 2002, followed by a six-month residency program at Malalai Hospital. Since then, other midwifery students have been exposed to an integrated version of the new program.

The following curriculum document and the accompanying learning resource package, supported by USAID/REACH with technical guidance from JHPIEGO, are the culmination of the work started in August 2002. Both the curriculum and the learning resource package will be translated to Dari and Pashto and used as the basis for midwifery training at the IHS in Kabul and selected regional centers.

During the past 12 months many more midwives and doctors have completed knowledge and skills updates and clinical training skills, increasing the pool of teachers able to use a competency-based approach to teaching-learning and, thus, support the successful implementation of the new two year midwifery program in Afghanistan.

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Several reference materials were used in the development of the Learning Resource Package, and selected text/graphics presented in this document have been adapted/reprinted from these documents:

Basic Maternal and Newborn Care: A Guide for Skilled Providers. JHPIEGO: Baltimore, MD, 2004
Learning Resource Package for Managing Complications in Pregnancy and Childbirth. JHPIEGO: Baltimore, MD, 2002
Legislation and Regulation: Making Pregnancy Safe. WHO: Geneva, 2001
Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors. WHO: Geneva, 2000
Managing Newborn Problems: A Guide for Doctors, Nurses, and Midwives. WHO: Geneva, 2003
Safe Motherhood: Notes for Students. WHO: Geneva, 1996
Caiola N, Garrison K, Sullivan R, Lynam P. *Supervising Health Services: Improving the Performance of People.* Field-test draft. JHPIEGO: Baltimore, MD, 2002
Klein S. *A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives.* The Hesperian Foundation: Berkley, CA, 2000

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INTRODUCTION

Program Rationale

There is great enthusiasm at present for the standardization and expansion of midwifery education in Afghanistan. Various estimates have been made regarding the need for trained and competent midwives in the country; however, the clear consensus is that there is an alarming shortage of trained female staff with midwifery skills. Therefore, programmatic strategies must be directed at aggressively supporting:

- An increase in the number of skilled midwives;
- Focused preparation and deployment of midwives;
- Improvements in the quality of midwifery care; and
- Expansion of the role of midwives and scope of midwifery practice.

The current *National Policy on Human Resource Development for Health* (draft June 2003) describes two cadres of midwives: the hospital midwife, trained at the Institutes of Health Sciences (formerly Intermediate Medical Education Institutes) based in several cities throughout Afghanistan, and the community midwife.¹

The traditional approach to education and training used in Afghanistan does not typically foster the development of clinical skills nor follow a competency-based approach to learning. However, in recognition of the need for more skilled midwives who are able to provide high quality midwifery care, the midwifery training program at the IHS in Kabul has introduced a competency-based approach to learning. The program is of two years duration and, while the first semester focuses on pre-clinical topics, the remaining three semesters are dedicated to the development of clinical skills for midwifery, including those for basic maternal and newborn care, the management of complications in pregnancy and childbirth, and for the provision of other related services for women and/or mothers and their infants.

Graduates of the IHS midwifery program will fit the definition of a midwife adopted by the International Confederation of Midwives (ICM), the Confederation of Gynaecologists and Obstetricians (FIGO), and the World Health Organization (WHO), as described in Textbox 1.

¹ To date, only one training program exists for community midwives, developed and implemented by Health Net International (HNI) in Ghani Khel in 2002. The aim is, however, to standardize and expand the program to other regions of the country.

Textbox 1: Definition of a Midwife

A midwife is a person, who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the women, but also within the family and the community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child care. She may practise in hospitals, clinics, health units, domiciliary conditions or any other service." (ICM/FIGO/WHO 1990, 1991 & 1992 respectively)

Program Philosophy

The IHS midwifery program embraces the following educational philosophy.²
The program:

- acknowledges the uniqueness of the individual, whether student, client/patient or teacher;
- promotes equal rights regardless of sex, race, religion, age, or nationality;
- is committed to a life cycle perspective of reproductive health with a special focus on women's health;
- includes a woman-centered approach which aims to promote safe motherhood; and
- increases the students' awareness of family health issues and sexuality within a framework of gender sensitivity.

Program Aim

The aim of the IHS midwifery program is to enable students to:

- become safe, competent practitioners, able to promote safe motherhood and reproductive health;
- be caring, sensitive midwives who work alongside women and their families to educate, advise, facilitate choice, and respond to individual needs;
- develop the ability to work well within a multi-disciplinary team to promote safe motherhood and reproductive health;
- make a positive contribution to the reduction of maternal and infant mortality and morbidity by recognizing life-threatening conditions early and taking timely and skilled action;

² Adapted from *Guidelines for the Development of Midwifery Education Programs* (WHO Draft Document, 2001).

- reflect on their practice to promote learning from experience that will enhance their future care of women and their families;
- recognize that learning is a life-long process and take every opportunity to keep up-to-date with research-based practice, using different forms of continuing professional education; and
- develop into midwives who value their profession and contribute to the development of the profession by advocating change, where necessary, and by improving the care given to women and their families.

Future Needs

At present there is no regulatory body for midwives in Afghanistan; therefore, one should be established in the near future. The regulatory body would be responsible for licensing midwives to practice, maintaining a roll of licensed practitioners, monitoring the outcome of training programs, and offering guidelines on training and practice. It would also have responsibility for professional disciplinary proceedings. In addition, the regulatory body should be a partner in the academic processes of validation and accreditation of the educational program to ensure standardization, quality control, and an outcome of competent, caring midwives.

PROGRAM CONSIDERATIONS

Before implementing the training program, consideration must be given to the learning process, the learning environment, the preparation of teachers and classrooms, the selection of students, the selection and preparation of clinical sites, the availability of learning resources, the preparation of a simulated practice environment, and scheduling considerations, as outlined below.

The Learning Process

Midwives must have the knowledge and skills essential to the provision of safe and effective pregnancy, childbirth, and newborn care. It is necessary, therefore, that they participate in a learning process that facilitates the development of:

- problem solving, critical thinking, and decision-making skills,
- appropriate interpersonal communication skills, and
- competency in a range of essential clinical skills for basic maternal and newborn care and for the management of common complications in pregnancy and childbirth.

In addition, the learning process must be supported by:

- training programs that provide appropriate managerial and technical support,
- skilled classroom and clinical teachers, and
- teaching materials that reflect the most recent evidence-based information.

The Learning Environment

The learning environment should:

- be supported by enough funds to sustain the training program,
- incorporate an educational philosophy that encourages the development of problem-solving and critical thinking and emphasizes behaviors that respect and respond to a patient's/client's perceived needs,
- include a curriculum that reflects the essential midwifery competencies (see Textbox 2 under Program Content and Structure),
- include relevant educational materials that reflect an adult learning approach,
- involve teachers who are adequately prepared to use competency-based learning methods and clinically competent to teach and serve as role models for learners,

- involve competent clinical preceptors who are able to use competency-based assessment tools,
- facilitate comprehensive, supervised clinical learning experiences that will enable the development of essential skills for basic maternal and newborn care and for the management of common complications in pregnancy and childbirth, and
- include evaluation methods that assess knowledge, skills, and attitudes.

Preparation of Teachers

Inservice training may be needed to help ensure that the classroom and clinical teachers are:

- current in their knowledge of care during pregnancy and childbirth,
- able to use competency-based learning methods and methods of assessment,
- competent in the skills they will teach, and
- capable of serving as role models for learners and colleagues

Selection of Students

Because there is such a severe shortage of skilled midwives in Afghanistan, the aim is to have an intake of up to 75 students per year at the various IHS campuses. To enter a program at an IHS campus, students should have completed 12 years of schooling; however, because the pool of female students with this level of education is limited, students with 9 years of schooling will be accepted into the midwifery program, providing they meet the following entry requirements:

- Have good literacy skills (i.e., able to read and write well in Dari or Pashto) and basic math skills, as demonstrated on completion of an entrance examination.
- Are between 16 and 30 years of age (the minimum age should be raised to 18 years when, in the future, the pool of girls who have completed 12 years of schooling increases).

Preparation of Classroom Facilities

Classrooms should be available for interactive presentations (e.g., illustrated lectures) and group activities. Seating in classrooms should be comfortable and lighting and ventilation adequate. At a minimum, a writing surface should be provided for each learner, and a chalkboard and/or flipchart, chalk and/or felt pens, and an overhead projector should be available in each classroom. If possible, classrooms should be within easy access of the clinical sites used for the program.

Selection and Preparation of Clinical Sites

Clinical sites (i.e., hospitals and clinics) should be assessed and selected based on the following criteria. Where deficiencies and/gaps are found, efforts must be made to strengthen the site before it is used by learners for clinical practice. Various international agencies/organizations have, for example, supported the strengthening of Malalai Maternity Hospital, which is presently the main facility used for the placement of students from the midwifery program.

- **Patient/client mix and volume.** Are there sufficient patients/clients in sufficient numbers for learners to gain the clinical experience needed?
- **Equipment, supplies, and drugs.** Does the facility have the necessary equipment, supplies, and drugs, in sufficient quantities, to support the learning process?
- **Staff.** Are staff members at the site willing to accept learners and participate in the learning process? Do they use up-to-date, evidence-based practices for pregnancy, childbirth, and newborn care? Do their practices reflect the knowledge and skills described in this learning resource package? Is there a need to update their knowledge and skills? Do they use correct infection prevention practices?
- **Transportation.** Is the site within easy access for learners and teachers? Do special transportation arrangements need to be made?
- **Other training activities.** Are there other training activities at the site that would make it difficult for learners to gain the clinical experience they need?

Availability of Learning Resources

Learners need to have access to reference materials and other learning resources for the duration of the training program. Ideally, these materials and resources should be made available at a single location, and include reference manuals and other relevant printed materials; anatomic models such as a childbirth simulator, pelvic and fetal models, and a newborn resuscitation model; and supplies and equipment for practicing with the models such as gloves, drapes, etc.

Preparation of a Simulated Practice Environment

A simulated practice environment provides students with a safe environment where they can work together in small groups, watch technical videos, and practice skills with anatomic models. If a room dedicated to simulated practice is not available, a classroom or a room at a clinical practice site should be set up for this purpose.

The simulated practice environment must have the necessary supplies and equipment for the desired practice sessions. The room should be set up before learners arrive and there should be enough space and enough light for them to

practice with models or participate in other planned activities. The following resources should be available:

- anatomic models,
- learning materials such as the reference manuals, learning guides, and checklists,
- chairs, tables, a place for handwashing or simulated handwashing, video cassette player and monitor, flipchart stand, paper and markers, and
- medical supplies such as a newborn resuscitation bag and mask, cloth sheets or drapes, cotton/gauze swabs, syringes and needles, and infection prevention supplies.

Scheduling Considerations

The number of learners in the program will need to be considered when scheduling classroom and clinical activities. For example, while it is possible to hold lectures for large groups of learners, clinical teaching in simulated situations and at clinical sites should be undertaken with small groups of learners. For these learning experiences, a ratio of one teacher to four to six learners is recommended.

A schedule of activities should be developed for a particular period of time (e.g., for each four-week period in a semester or for each of the learning modules covered in a semester, and for the clinical placement blocks at the end of semesters one through three) and indicate clearly:

- where and when classroom sessions will be held and the teacher(s) responsible for the session,
- where and when simulated clinical skills learning will take place, the teachers responsible, and the small group composition of learners,
- where and when clinical practice will take place, the teachers responsible, the small group composition of learners, and the transportation arrangements to and from the clinical site, and
- where and when examinations will take place and the teacher(s) responsible.

Monitoring Program Implementation

A coordinator will be appointed at each IHS and will be responsible for monitoring the implementation of the midwifery program. Where possible, the coordinator should be an experienced midwife who is thoroughly familiar with the midwifery program. In particular, she will be responsible for ensuring that midwifery teachers are adequately prepared; that appropriate classroom facilities, simulated practice laboratories, and clinical practice sites (e.g., hospital and clinic facilities) are available; and that the required learning resources are accessible to students.

The coordinator will also be responsible for scheduling classroom, simulated practice, and supervised practice sessions, as outlined in the program calendar for the midwifery program, and ensuring that the assigned teachers conduct the sessions according to the schedule. Additionally, in consultation with the designated teachers, the coordinator will be responsible for ensuring that the assigned teachers record the progress of each student, according to the rules and regulations of the IHS and through the use of the students' Clinical Experience Log Book.

To enable the coordinator to carry out her responsibilities, she should not be expected to assume teaching responsibilities; however, she must ensure, through regular supervisory visits to classrooms, simulated laboratories, and clinical sites, that learning activities are being conducted as planned.

The coordinators from the regional IHS will be responsible for reporting progress, on a regular basis, to the coordinator at the IHS, Kabul, which is the principal IHS in Afghanistan.

PROGRAM CONTENT AND STRUCTURE

Introduction

The curriculum covers a period of two years and is divided into four semesters. Each semester covers a period of 17 weeks, six days per week, from 8:00am to 1:00pm, during which students are in class, simulated practice, or clinical practice.

The first semester covers a range of pre-clinical subjects aimed at providing learners with knowledge and skills relevant to the basic sciences, in preparation for the clinical content of the remaining three semesters.

The second through fourth semesters are dedicated to the development of clinical skills for midwifery, including those for basic maternal and newborn care, the management of complications in pregnancy and childbirth, and for the provision of other related services for women and/or mothers and their infants.

A series of learning modules is included in Semesters 2 through 4, containing the theoretical content and clinical skills considered to be necessary to prepare midwives capable of providing comprehensive maternal, newborn, and infant care. The essential competencies to be achieved by the end of the training program are included in Textbox 2, at the end of the description of Semester Four.

Each of the learning modules is self-contained and includes a learning outline and a multiple-choice knowledge assessment questionnaire, which is to be administered on completion of the module. In addition, where applicable, learning guides, skills checklists, role-plays, exercises, case studies, and clinical simulations are included (for details, see the Learning Resource Package for implementing the midwifery program).

A minimum of 60% of Semesters 2 through 4 is spent in clinical practice, which includes simulated clinical practice and practice at the clinical facilities used for the midwifery program.

Semester 1: Preclinical Subjects

A short description of each of the subjects included in Semester 1 is provided below:

Anatomy and Physiology: the course will cover characteristics of living organisms, structure and function of cells, organs of the body, characteristics and function of blood, and the structure and function of the various systems, including the male and female reproductive systems.

General Sciences and Math: the course will include an introduction to science; matter, elements, mixtures, and compounds; water, solutions, and colloids; molecular phenomenon related to biologic processes; acids, bases, and buffers; measurement; friction and static; pressure, heat, and electricity.

Health Sciences for Clinical Care: the course will cover basic microbiology (disease-causing organisms) and pharmacology (pharmacodynamics and

pharmacokinetics, weights and measurements of solids and liquids, routes of drug administration, and essential drugs in the Basic Package of Health Services [BPHS]).

Public Health: the course will include concepts of public, personal, and community health; the health system in Afghanistan and neighboring countries; current health issues in Afghanistan; health indicators affecting family health; health education and counseling and health assessment; the BPHS; and environmental health and health and nutrition.

Fundamentals of Midwifery: the course will include an introduction to midwifery, including the responsibility of midwives and their role in safe motherhood; practical skills such as making a bed, measuring and recording vital signs, including blood pressure, giving injections, and administering oral medications; problem solving and clinical decision-making; interpersonal communication skills; and infection prevention practices.

In addition to the courses outlined above, English and Islamiyat are included in Semester 1.

Semester 2: Basic Maternal and Newborn Care (17 Weeks)

Semester 2 includes Modules 1 through 4, covering basic maternal and newborn care. The modules begin with an introduction to care, followed by the skills needed to provide basic care, and information about common discomforts and/or concerns and special needs.

Module 1: Antenatal Care

- Introduction to antenatal care
- Antenatal assessment (history and physical examination, including abdominal and pelvic examination) and care provision (including birth planning, preventive measures, and health messages and counseling)
- Common discomforts in pregnancy
- Special needs, including malaria, anemia, HIV, and gender-based violence

Module 2: Childbirth Care

- Normal labor and childbirth, including the physiology of labor and diagnosis and confirmation of labor
- Introduction to childbirth care
- Basic care during labor and childbirth, including use of the partograph, assisting in normal birth, active management of third stage, and episiotomy and repair
- Common discomforts
- Special needs

Module 3: Newborn Care

- Introduction to newborn care
- Basic care of the newborn, including warmth, newborn resuscitation, eye care, cord care, early and exclusive breastfeeding, immunization, and newborn assessment
- Common concerns and special needs in the newborn period

Module 4: Postpartum Care

- Introduction to postpartum care
- Postpartum assessment (history and physical examination) and care provision, including preventive measures and health messages and counseling
- Common discomforts
- Special needs, including malaria, anemia, HIV, gender-based violence, and postpartum depression

Semester 3: Management of Complications in Pregnancy and Childbirth (17 weeks)

Semester 3 includes Modules 5 through 15, covering the management of complications in pregnancy and childbirth and the management of newborn problems. The modules begin by providing information aimed at helping learners understand the physiology and/or pathophysiology relevant to a particular complication, followed by the skills needed to detect and manage the complication.

Module 5: Vaginal Bleeding in Pregnancy and Labor

- Understanding bleeding in pregnancy and labor
- Detecting and managing vaginal bleeding in early pregnancy
- Detecting and managing vaginal bleeding in later pregnancy and labor
- Rapid initial assessment and management of shock, including taking blood samples, starting an IV, and bladder catheterization
- Blood transfusion
- Manual vacuum aspiration (MVA)

Module 6: Vaginal Bleeding After Childbirth

- Understanding bleeding after childbirth
- Detecting and managing vaginal bleeding after childbirth
- Bimanual compression of the uterus
- Compression of the abdominal aorta
- Manual removal of placenta
- Vaginal and cervical inspection
- Repair of perineal, vaginal, and cervical tears

Module 7: Headaches, Blurred Vision, Convulsions or Loss of Consciousness, Elevated Blood Pressure

- Understanding pre-eclampsia and eclampsia
- Detecting and managing pre-eclampsia and eclampsia
- Anticonvulsive and antihypertensive drug administration

Module 8: Unsatisfactory Progress in Labor

- Understanding obstructed labor
- Detecting and managing unsatisfactory progress in labor
- Vacuum extraction

Module 9: Malpositions and Malpresentations

- Understanding malpositions and malpresentations
- Detecting and managing malpositions and malpresentations
- Breech delivery

Module 10: Shoulder Dystocia

- Understanding shoulder dystocia
- Detecting and managing shoulder dystocia

Module 11: Labor With an Overdistended Uterus and a Scarred Uterus

- Detecting and managing labor with an overdistended uterus
- Managing labor with a scarred uterus

Module 12: Fetal Distress in Labor and Prolapsed Cord

- Understanding fetal distress in labor
- Detecting and managing fetal distress in labor
- Understanding prolapsed cord
- Detecting and managing prolapsed cord

Module 13: Fever During Pregnancy and Labor and After Childbirth

- Understanding fever during pregnancy and labor and after childbirth
- Detecting and managing fever during pregnancy and labor and after childbirth (including administration of antibiotics)

Module 14: Other Complications in Pregnancy and Childbirth

- Detecting and managing abdominal pain in early pregnancy
- Detecting and managing abdominal pain in later pregnancy and after childbirth
- Detecting and managing difficulty in breathing in pregnancy
- Detecting and managing loss of fetal movements
- Detecting and managing premature rupture of membranes

Module 15: Managing Newborn Problems

- Assessing the newborn with a problem
- Managing breathing difficulties, convulsions or spasms, jaundice, diarrhea, and vomiting
- Measuring body temperature in the newborn
- Measuring blood glucose
- Inserting a gastric tube

Semester 4: Other Related Health Services (17 weeks)

Semester 4 includes Modules 16 to 19, covering family planning, which is a vital component of midwifery care, care of the young child, other reproductive health concerns, and essential information relevant to professional issues in midwifery.

Following completion of the modules included in Semester 4, time is allocated to review the modules on normal pregnancy, childbirth, and postpartum and newborn care in Semester 2, all of the modules on complications in Semester 3, and Modules 16 to 19 in Semester 4. The review of these modules should include time in the classroom and simulated practice environment. Weeks 12 through 17 of Semester 4 will then be spent in practice at clinical sites to provide learners with opportunities to consolidate learning and undergo final skills competency assessments.

Module 16: Family Planning

- Family planning in the context of Afghanistan
- Modern methods of family planning and their effectiveness, advantages, and disadvantages
- Family planning counseling and assessment
- Administration of Depo-Provera
- IUD insertion

Module 17: Other Reproductive Health Concerns

- Traditional practices harmful to reproductive health
- STIs and HIV/AIDS
- Infertility
- Cervical and breast cancer
- Menopause

Module 18: Care of the Young Child

- Growth monitoring
- Nutrition of the young child, including weaning practices
- Immunization
- Detecting and managing common health problems in the first year of life

Module 19: Professional Issues in Midwifery

- Supervision and support
- Ethics in midwifery practice
- Continuing education for midwives
- Ministry of Health policies and their implementation
- Preparing to begin fulltime work as a midwife

Textbox 2: Essential Competencies for Basic Midwifery Practice³

Competency 1: Midwives have the requisite knowledge and skills from the social sciences, the public health sector and ethics that form the basis of high quality, culturally relevant, appropriate care for women, their newborns, and their families.

Competency 2: Midwives provide high quality, culturally sensitive health education and family planning services in the community in order to promote healthy family life, planned pregnancies, and positive parenting.

Competency 3: Midwives provide high quality antenatal care to maximize the woman's health during pregnancy, detect early and treat any complications that may arise, and refer if specialist attention is required.

Competency 4: Midwives provide high quality, culturally sensitive care during labor, conduct a clean and safe birth, give care to the newborn, and manage emergencies effectively to prevent maternal and newborn mortality and morbidity.

Competency 5: Midwives provide comprehensive, high quality, culturally sensitive postnatal care for women.

Competency 6: Midwives provide high quality care for the newborn and surveillance and preventive care for the young child.

Competency 7: Midwives participate in the promotion of health and wellness in the community and serve as a link between the community and the health system.

³ World Health Organization. *Competencies for Midwifery Practice* (Adapted from the *Provisional Competencies for Basic Midwifery Practice Prepared by the International Confederation of Midwives*, 1999).

Program Calendar

The program calendar (see Annex 1) reflects the structure of the training program for each of the four semesters. In **Semester 1**, each of the pre-clinical courses runs from Weeks 1 through 17 of the semester.

In **Semester 2**, Modules 1 through 4 are covered during Weeks 1 through 10 and include classroom activities (e.g., illustrated lectures and discussions, role plays, case studies, etc.) and simulated practice of clinical skills, followed by periods of supervised practice at clinical sites. For example, the module covering antenatal care is spread over three weeks and includes classroom and skills learning activities, followed by periods of supervised practice in antenatal clinics.

Weeks 11 through 17 of Semester 2 are spent in supervised practice at various clinical sites. During this period, learners should be rotated through the sites so as to enable them to practice the full range of skills learned in Semester 2.

When scheduling periods of supervised practice, it will be important to avoid overcrowding clinical sites by assigning small groups of learners to each site and using two or three shifts (e.g., two longer shifts or three shorter shifts covering a 24-hour period). In addition, it will be important to ensure that learners are provided consistent and appropriate clinical supervision while at clinical sites. This will also apply to Semesters 3 and 4.

A comprehensive knowledge assessment will be scheduled in the exam period following Week 17, based on a selection of the questions from the knowledge assessment questionnaires for Modules 1 through 4. The aim of this comprehensive knowledge assessment is to enable teachers to determine student progress and identify ongoing individual learning needs.

Note that approximately two to four hours of English language instruction is included in Weeks 1 through 10 of Semester 2.

In **Semester 3**, Modules 5 through 15 are covered during Weeks 1 through 15 and include classroom activities (e.g., illustrated lectures and discussions, role plays, case studies, etc.) and simulated practice of clinical skills, followed by periods of supervised practice at clinical sites. During supervised clinical practice, emphasis should, where possible, be placed on detecting and managing complications of pregnancy and childbirth. Learners should be rotated through the clinical sites to provide opportunities to practice the range of skills learned thus far (see note on scheduling clinical practice under Semester 2 above).

Once again, a comprehensive knowledge assessment will be scheduled during the exam period following Week 17, in this instance based on a selection of questions from the knowledge assessment questionnaires included in Modules 5 to 15.

Note that approximately two to four hours of English language instruction is included in Weeks 1 through 15 of Semester 3.

In **Semester 4**, Modules 16 through 19 are covered during Weeks 1 through 4, following much the same structure as in Semesters 2 and 3 (e.g., classroom activities and simulated practice of clinical skills, followed by periods of supervised practice at clinical sites). Weeks 5 through 11 involve a review of all of the clinical modules included in the program (i.e., Modules 1 through 18) and will involve classroom activities, simulated practice of clinical skills, based on the individual needs of learners, and supervised practice at clinical sites (see the Guide for Teachers for further information about conducting review sessions). Weeks 12 through 17 are then spent entirely in supervised clinical practice during which learners should be assigned to clinical sites based on individual learning needs. For example, learners who need to develop further their competency in the skills for antenatal care should be assigned to an antenatal clinic for at least part of this clinical block. **Final assessment of skills competency** must take place during this clinical block.

The final comprehensive knowledge assessment is scheduled during the exam period following Week 17 and is based on a selection of questions from the knowledge assessment questionnaires for Modules 1 through 19.

Note that approximately two to four hours of English language instruction is included in Weeks 1 through 11 of Semester 4.

Reference Materials

The reference manuals for Semesters 2 and 3 are as follows:

Basic Maternal and Newborn Care (JHPIEGO Corporation: Baltimore, MD. 2004)

Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors (WHO: Geneva. 2000)

Managing Newborn Problems: A Guide for Doctors, Nurses, and Midwives (WHO, Geneva. 2003)

In addition, supplementary materials have been prepared, which contain relevant theoretical content not included in the manuals mentioned above. While these materials apply primarily to Semesters 2, 3, and 4, some are applicable for the courses (e.g., Public Health and Fundamentals of Midwifery) in Semester 1. The information included under “Foundation Topics” in the Guide for Teachers also applies to Semester 1 (i.e., to Fundamentals of Midwifery).

All of the reference materials will be available in both Dari and Pashto.

LEARNING APPROACH

Mastery Learning

The mastery learning approach assumes that all learners can master (learn) the required knowledge, attitudes, or skills provided there is sufficient time and appropriate learning methods are used. The goal of mastery learning is that 100 percent of the learners will "master" the knowledge and skills on which the training is based. Mastery learning is used extensively in inservice training where the number of learners, who may be practicing clinicians, is often low. While the principles of mastery learning can be applied in preservice education, the larger number of learners presents some challenges.

Although some learners are able to acquire new knowledge or new skills immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken, or visual means. Effective learning strategies, such as mastery learning, take these differences into account and use a variety of teaching methods.

The mastery learning approach also enables the learner to have a self-directed learning experience. This is achieved by having the teacher serve as facilitator and by changing the concept of testing and how test results are used. Moreover, the philosophy underlying the mastery learning approach is one of continual assessment of learning where the teacher regularly informs learners of their progress in learning new information and skills.

With the mastery learning approach, assessment of learning is:

- Competency-based, which means assessment is keyed to the learning objectives and emphasizes acquiring the essential skills and attitudinal concepts needed to perform a job, not just to acquiring new knowledge.
- Dynamic, because it enables learners to review continual feedback on how successful they are in meeting the course objectives.
- Less stressful, because from the outset learners, both individually and as a group, know what they are expected to learn, know where to find the information, and have ample opportunity for discussion with the teacher.

Mastery learning is based on principles of adult learning. This means that learning is participatory, relevant, and practical. It builds on what the learner already knows or has experienced and provides opportunities for practicing skills. Other key features of mastery learning are that it:

- uses behavior modeling,
- is competency-based, and
- incorporates humanistic learning techniques.

Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, however, the teacher must clearly demonstrate the skill or activity so that learners have a clear picture of the performance expected of them.

Behavior modeling, or observational learning, takes place in three stages. In the first stage, **skill acquisition**, the learner sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the learner attempts to perform the procedure, usually with supervision. Next, the learner practices until **skill competency** is achieved and s/he feels confident performing the procedure. The final stage, **skill proficiency**, occurs with repeated practice over time.

<i>Skill Acquisition</i>	Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance
<i>Skill competency</i>	Knows the steps and their sequence (if necessary) and can perform the required skill
<i>Skill Proficiency</i>	Knows the steps and their sequence (if necessary) and effectively performs the required skill or activity

Competency-Based Training

Competency-based training (CBT) is learning by doing. It focuses on the specific knowledge, attitudes, and skills needed to carry out the procedure or activity. How the learner performs (i.e., a combination of knowledge, attitudes, and, most important, skills) is emphasized rather than just the information learned. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

To successfully accomplish CBT, the clinical skill or activity to be taught must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. The process is called standardization. Once a procedure, such as active management of the third stage of labor, has been standardized, competency-based learning guides and evaluation checklists can be developed to make learning the necessary steps or tasks easier and evaluating the learner's performance more objective.

An essential component of CBT is coaching, in which the classroom or clinical teacher first explains a skill or activity and then demonstrates it using an anatomic model or other training aid, such as videotape. Once the procedure has been demonstrated and discussed, the teacher then observes and interacts with learners to guide them in learning the skill or activity, monitoring their progress and helping them overcome problems.

The coaching process ensures that the learner receives feedback regarding performance:

- **Before practice.** The teacher and learners meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be emphasized during the session.
- **During practice.** The teacher observes, coaches, and provides feedback to the learner as s/he performs the steps/tasks outlined in the learning guide.
- **After practice.** Immediately after practice, the teacher uses the learning guide to discuss the strengths of the learner's performance and also offer specific suggestions for improvement.

Humanistic Training Techniques

The use of more humane (humanistic) techniques also contributes to better clinical learning. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids. Working with models initially, rather than with patients/clients, allows learners to learn and practice new skills in a simulated setting rather than with patients/clients. This reduces stress for the learner as well as risk of injury and discomfort to the patient/client. Thus, effective use of models (humanistic approach) is an important factor in improving the quality of clinical training and, ultimately, service provision.

Before a learner performs a clinical procedure with a patient/client, two learning activities should occur:

- The clinical teacher should demonstrate the required skills and patient/client interactions several times using an anatomic model and appropriate videotape.
- Under the guidance of the teacher, the learner should practice the required skills and patient/client interactions using the model and actual instruments and/or equipment in a setting that is as similar as possible to the real situation.

Only when skill competency has been demonstrated should learners have their first contact with a patient/client. This often presents challenges in a preservice education setting when there are large numbers of learners. Before any learner provides services to a patient/client, however, it is essential that the learner demonstrate skill competence in a simulated setting.

When mastery learning, which is based on adult learning principles and behavior modeling, is integrated with CBT, the result is a powerful and extremely effective method for providing clinical training. And, when humanistic training techniques, such as using anatomic models and other learning aids, are incorporated, training time and costs can be reduced significantly.

Assessing Competence

As described in Humanistic Training Techniques (above), learners should first practice a new clinical skill using anatomic models. For interpersonal and decision-making skills, other methodologies are used. These include role plays, case studies, and clinical simulations. Once learners have had adequate practice, including coaching and feedback from their teacher, and before practicing a skill with patients/clients, they are assessed using one of these methodologies.

Ideally, learners will then continue to practice these skills with patients/clients until they are able to demonstrate competency in the clinical setting. This final assessment of competency with patients/clients is necessary before they can perform a skill without supervision. Ongoing practice and assessment with patients/clients may not, however, be possible for all of the skills needed to provide high quality care during pregnancy and childbirth.

A realistic guideline to follow is that most, if not all, skills associated with normal newborn care should be assessed with patients/clients, while skills that are rarely required should be assessed using other methodologies. Nonetheless, if there are opportunities to practice these rare skills and be assessed with a patient/client, they should be taken.

LEARNING METHODS

A variety of learning methods, which complement the learning approach described in the previous section, is included in the learning resource package. A description of each learning method is provided below.

Illustrated Lectures

Lectures should be used to present information about specific topics. The lecture content should be based on, but not necessarily limited to, the information in the recommended reference manual/text book/other written materials.

There are two important activities that should be undertaken in preparation for each lecture or interactive presentation. First, the learners should be directed to read relevant sections of the resource manual (and other resource materials, if and when used) before each lecture. Second, the teacher should prepare for lectures by becoming thoroughly familiar with the technical content of a particular lecture.

During lectures, the teacher should direct questions to learners and also encourage them to ask questions at any point during the lecture. Another strategy that encourages interaction involves stopping at predetermined points during the lecture to discuss issues/information of particular importance.

Case Studies

The purpose of the case studies included in the learning resource package is to help learners practice clinical decision-making skills. The case studies can be completed in small groups or individually, in the classroom, at the clinical site, or as take-home assignments.

The case studies follow the clinical decision-making framework presented under Foundation Topics. Each case study has a key that contains the expected responses. The teacher should be thoroughly familiar with these responses before introducing the case studies to learners. Although the key contains the “likely” responses, other responses provided by learners during the discussion may be equally acceptable. The technical content of the case studies is taken from the recommended reference manual/text book/other written materials.

Role Plays

The purpose of the role plays included in the learning resource package is to help learners practice interpersonal communication skills. Each role play requires the participation of two or three learners, while the remaining learners are asked to observe the role play. Following completion of the role play, the teacher uses the questions provided to guide discussion.

Each role play has a key that contains the likely answers to the discussion questions. The teacher should be familiar with the answer key before using the role plays. Although the key contains “likely” answers, other answers provided by learners during the discussion may be equally acceptable.

Skills Practice Sessions

Skills practice sessions provide learners with opportunities to observe and practice clinical skills, usually in a simulated setting. The outline for each skills practice session includes the purpose of the particular session, instructions for the teacher, and the resources needed to conduct the session, such as models, supplies, equipment, learning guides, and checklists. Before conducting a skills practice session, the teacher should review the session and ensure that s/he can perform the relevant skill or activity proficiently. It will also be important to ensure that the necessary resources are available and that an appropriate site has been reserved. Although the ideal site for conducting skills practice sessions may be a learning resource center or clinical laboratory, a classroom may also be used providing that the models and other resources for the session can be conveniently placed for demonstration and practice.

The first step in a skills practice session requires that learners review the relevant **learning guide**, which contains the individual steps or tasks, in sequence (if necessary), required to perform a skill or activity in a standardized way. The learning guides are designed to help learn the correct steps and the sequence in which they should be performed (skill acquisition), and measure progressive learning in small steps as the learner gains confidence and skill (skill competency).

Next, the teacher demonstrates the steps/tasks, several times if necessary, for the particular skill or activity and then has learners work in pairs or small groups to practice the steps/tasks and observe each other's performance, using the relevant learning guide. The teacher should be available throughout the session to observe the performance of learners and provide guidance. Learners should be able to perform all of the steps/tasks in the learning guide before the teacher assesses skill competency, in the simulated setting, using the relevant **checklist** (see Skill Assessments with Models under Assessment Methods). Supervised practice should then be undertaken at a clinical site before the teacher assesses skill competency with patients/clients, using the same checklist.

The time required to practice and achieve competency may vary from hours to weeks or months, depending on the complexity of the skill, the individual abilities of learners, and access to skills practice sessions. Therefore, numerous practice sessions will usually be required to ensure achievement of competency before moving into a clinical practice area.

Clinical Simulations

A clinical simulation is an activity in which the learner is presented with a carefully planned, realistic recreation of an actual clinical situation. The learner interacts with persons and things in the environment, applies previous knowledge and skills to respond to a problem, and receives feedback about those responses without having to be concerned about real-life consequences. The purpose of clinical simulations is to facilitate the development of clinical decision-making skills.

The clinical simulations included in the learning resource package provide learners with the opportunity to develop the skills they need to address rare or life-threatening situations. Clinical simulation may, in fact, be the only

opportunity learners have to experience some rare situations and therefore may also be the only way that a teacher can assess learners' abilities to manage these situations.

Clinical simulations should be as realistic as possible. This means that the models, equipment, and supplies needed for managing the particular complication involved in the simulation should be available to the learner.

Learners will need time and repeated practice to achieve competency in the management of the complex situations presented in the simulations. They should be provided with as many opportunities to participate in simulations as possible. The same simulation can be used repeatedly until the situation presented is mastered.

ASSESSMENT METHODS

A variety of assessment methods, which complement both the learning approach and the learning methods described in the previous two sections, are included in the learning resource package. Each assessment method is described below.

Case Studies

Case studies serve as an important learning method, as described earlier. In addition, they provide an opportunity for the teacher to assess the development of clinical decision-making skills, using the case study keys as a guide. Assessment can be conducted on an individual basis or in small groups.

Role Plays

Role plays also serve as both a learning method and a method of assessment. Using the role play keys as a guide, the teacher can assess learners' understanding and development of appropriate interpersonal communication skills. Opportunities will arise during role plays for the teacher to assess the skills of the learners involved, whereas the discussions following role plays will enable the teacher to assess the attitudes and values of all learners in the context of their role as health care providers.

Clinical Simulations

As with case studies and role plays, clinical simulations serve both as a learning method and a method of assessment. Throughout the simulations, the teacher has the opportunity to assess clinical decision-making skills as well as knowledge relevant to a specific topic.

Written Tests

Each module includes a multiple-choice test, or knowledge assessment questionnaire, intended to assess factual recall at the end of the module. The items on the questionnaire are linked to the learning objectives for the module; each questionnaire has an answer sheet for learners and an answer key for teachers. A score of 85% or more correct answers indicates knowledge-based mastery of the content presented for the particular module. Students who score less than 85% on their first attempt should be given individual guidance to help them learn the required information before completing the test again.

Skill Assessments with Models and Patients/Clients

Skill assessments with models and patients/clients are conducted using skill **checklists**. The checklists in the learning resource package have been derived from the relevant learning guides. Unlike the learning guides, however, the checklists focus only on the key steps or tasks and enable assessment and documentation of the learner's overall performance of a particular skill or activity. If a checklist is too detailed, it may distract the teacher from objectively assessing the learner's overall performance.

Using checklists in competency-based training:

- ensures that learners have mastered the clinical skills or activities, first with models and then, where possible, with patients/clients,
- ensures that all learners have their skills measured according to the same standard, and
- forms the basis for follow-up observations and evaluations.

When using checklists, it is important that the scoring is completed correctly, as follows:

Satisfactory: Performs the step or task according to the standard procedure or guidelines.

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines.

Not Observed: Step, task, or skill not performed by learner during evaluation by teacher.

As described in Skills Practice Sessions under Learning Methods, learners should be able to perform all of the steps/tasks for a particular skill before the teacher assesses skill competency, in a simulated setting, using the relevant checklist. Supervised practice should then be undertaken at a clinical site before the teacher assesses skill competency with patients/clients, using the same checklist. It should be noted, however, that there may not be opportunities for all learners to practice the full range of skills required for the management of complications at a clinical site; therefore, competency should be assessed in a simulated setting.

It is important to keep in mind, however, that it will probably not be possible for learners to practice some of the additional skills with patients at a clinical site. For example, obstetric complications are not common; therefore, patients who experience complications may not be available, making it impossible for learners to undertake supervised practice in certain skills, or for skill competency to be assessed at a clinical site. For these skills, practice and assessment of competency should take place in a simulated setting. The following table provides guidelines for final assessment of skills competency.

GUIDELINES FOR *FINAL* ASSESSMENT OF COMPETENCY

Skills for which <i>final</i> assessment <i>may</i> be completed using case studies, role plays, or clinical simulations (patients should be used whenever possible)	Skills for which <i>final</i> assessment <i>must</i> be completed with patients (skills should be learned to competency with models, case studies, role plays, or clinical simulations first)
ANTENATAL CARE	
Management of shock	Antenatal history taking and examination
Management of severe pre-eclampsia/eclampsia	Antenatal care, including preparation of birth plan
Postabortion care (MVA)	
Management of fever during pregnancy	
LABOR AND CHILDBIRTH CARE	
Vacuum extraction childbirth	Initial assessment in labor
Breech delivery	Use of the partograph
Management of prolapsed cord	Ongoing assessment and care throughout labor
Management of shoulder dystocia	Clean and safe childbirth, including active management of the third stage of labor and examination of placenta and birth canal
Episiotomy and repair	
POSTPARTUM AND NEWBORN CARE	
Management of vaginal bleeding after childbirth	Postpartum history taking and examination
Bimanual compression of the uterus	Postpartum care, including breastfeeding support
Compression of the abdominal aorta	Family planning counseling and assessment
Manual removal of the placenta	
Inspection and repair of perineal, vaginal, and cervical tears	
NEWBORN CARE	
Newborn resuscitation	Immediate newborn care, including warmth, cord care, and eye care
	Newborn examination
	Newborn immunization

ANNEX 1: PROGRAM CALENDAR

MIDWIFERY TRAINING PROGRAM CALENDAR
INSTITUTE OF HEALTH SCIENCES, KABUL
SEMESTER 1: PRE-CLINICAL SUBJECTS (17 WEEKS)

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat
WEEK 5	WEEK 6	WEEK 7	WEEK 8
Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat
WEEK 9	WEEK 10	WEEK 11	WEEK 12
Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat
WEEK 13	WEEK 14	WEEK 15	WEEK 16
Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat	Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat
WEEK 17			
Anatomy and Physiology Pharmacology Microbiology Science Public Health Fundamentals of Midwifery English Islamiat			

MIDWIFERY TRAINING PROGRAM CALENDAR
INSTITUTE OF HEALTH SCIENCES, KABUL
SEMESTER 2: BASIC MATERNAL AND NEWBORN CARE (17 WEEKS)

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Module 1: Antenatal Care - classroom/simulated practice * English Language Instruction	Module 1: Antenatal Care (continued) – classroom/simulated practice/ supervised practice in antenatal clinics	Module 1: Antenatal Care (continued) – classroom/supervised practice in antenatal clinics	Module 2: Childbirth Care – classroom/simulated practice
WEEK 5	WEEK 6	WEEK 7	WEEK 8
Module 2: Childbirth Care (continued) – classroom/simulated practice/supervised practice on labor and childbirth wards	Module 2: Childbirth Care (continued) – supervised practice on labor and childbirth wards	Module 3: Newborn Care – classroom/simulated practice	Module 3: Newborn Care (continued) – classroom/simulated practice/supervised practice on postpartum wards
WEEK 9	WEEK 10	WEEK 11	WEEK 12
Module 4: Postpartum Care – classroom/simulated practice	Module 4: Postpartum Care (continued) – classroom/simulated practice/supervised practice on postpartum wards	Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care	Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care
WEEK 13	WEEK 14	WEEK 15	WEEK 16
Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care	Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care	Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care	Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care
WEEK 17			
Supervised practice in antenatal clinics, labor and childbirth ward, and postpartum clinics/wards, focusing on normal pregnancy, childbirth, postpartum, and newborn care	Comprehensive Knowledge Assessment: Modules 1 through 4, to be held during examination period		

* Approximately two to four hours of English language instruction is included in Weeks 1 through Week 10 of Semester 1.

MIDWIFERY TRAINING PROGRAM CALENDAR
INSTITUTE OF HEALTH SCIENCES, KABUL
SEMESTER 3: MANAGEMENT OF COMPLICATIONS IN PREGNANCY
AND CHILDBIRTH (17 WEEKS)

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Module 5: Vaginal Bleeding in Pregnancy and Labor – classroom/simulated practice/supervised practice on wards *English Language Instruction	Module 5: Vaginal Bleeding in Pregnancy and Labor (continued) – classroom/simulated practice	Module 5: Vaginal Bleeding in Pregnancy and Labor (continued) – classroom/simulated practice/supervised practice on wards	Module 6: Vaginal Bleeding After Childbirth – classroom/simulated practice
WEEK 5	WEEK 6	WEEK 7	WEEK 8
Module 6: Vaginal Bleeding After Childbirth (continued) – classroom/simulated practice	Module 6: Vaginal Bleeding After Childbirth (continued) – classroom/supervised practice on wards	Module 6: Vaginal Bleeding After Childbirth (continued) – classroom/simulated practice/supervised practice on wards	Module 7: Headaches, Blurred Vision, Convulsions or Loss of Consciousness, and Elevated Blood Pressure – classroom/simulated practice/supervised practice on wards
WEEK 9	WEEK 10	WEEK 11	WEEK 12
Module 8: Unsatisfactory Progress in Labor – classroom/simulated practice	Module 8: Unsatisfactory Progress in Labor (continued) – classroom/simulated practice/supervised practice on wards	Module 9: Malpositions and Malpresentations – classroom/simulated practice/ supervised practice on wards Module 10: Shoulder Dystocia – classroom/supervised practice on wards	Module 11: Labor with an Overdistended Uterus and a Scarred Uterus – classroom/supervised practice on wards Module 12: Fetal Distress in Labor and Prolapsed Cord – classroom/supervised practice on wards

* Approximately two to four hours of English language instruction is included in Weeks 1 through Week 15 of Semester 2.

MIDWIFERY TRAINING PROGRAM CALENDAR
INSTITUTE OF HEALTH SCIENCES, KABUL
SEMESTER 3: MANAGEMENT OF COMPLICATIONS IN PREGNANCY AND
CHILDBIRTH (17 WEEKS)

WEEK 13	WEEK 14	WEEK 15	WEEK 16
Module 13: Fever During Pregnancy and Labor and After Childbirth – classroom/simulated practice/supervised practice on wards	Module 14: Other Complications in Pregnancy and Childbirth – classroom/supervised practice on wards	Module 15: Managing Newborn Problems – classroom/simulated practice/supervised practice on wards	Supervised practice in antenatal clinics, labor and childbirth ward, postpartum clinics/wards, focusing where possible on complications in pregnancy, childbirth, and the postpartum and newborn periods, and/or simulated practice, based on individual needs
WEEK 17			
Supervised practice in antenatal clinics, labor and childbirth ward, postpartum clinics/wards, focusing where possible on complications in pregnancy, childbirth, and the postpartum and newborn periods, and/or simulated practice, based on individual needs	Comprehensive Knowledge Assessment: Modules 5 through 15, to be held during examination period		

MIDWIFERY TRAINING PROGRAM CALENDAR
INSTITUTE OF HEALTH SCIENCES, KABUL
SEMESTER 4: PROVISION OF OTHER RELATED HEALTH SERVICES (17 WEEKS)

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Module 16: Family Planning – classroom/simulated practice *English Language Instruction	Module 16: Family Planning (continued) – classroom/simulated practice/ supervised practice in clinics	Module 17: Other Reproductive Health Concerns – classroom/supervised practice in clinics Module 18: Care of the Young Child – classroom/supervised practice in clinics	Module 18: Care of the Young Child (continued)– classroom/supervised practice in clinics Module 19: Professional Issues in Midwifery - classroom
WEEK 5	WEEK 6	WEEK 7	WEEK 8
Review of: Module 1: Antenatal Care – classroom/simulated practice/supervised practice in antenatal clinics Module 2: Childbirth Care – classroom simulated practice/supervised practice on wards Module 3: Newborn Care – classroom/simulated practice/supervised practice on wards Module 4: Postpartum Care – classroom/simulated practice/supervised practice on wards	Review of: Module 5: Vaginal Bleeding in Pregnancy and Labor – classroom/supervised practice on wards Module 6: Vaginal Bleeding After Childbirth – classroom/simulated practice/supervised practice on wards	Review of: Module 7: Headaches, Blurred Vision, Convulsions or Loss of Consciousness, and Elevated Blood Pressure – classroom/simulated practice/supervised practice on wards Module 8: Unsatisfactory progress in Labor – classroom/simulated practice/supervised practice on wards	Review of: Module 9: Malpositions and Malpresentations – classroom/simulated practice/supervised practice on wards Module 10: Shoulder Dystocia – classroom/supervised practice on wards Module 11: Labor with an Overdistended Uterus and Labor with a Scarred Uterus - classroom/supervised practice on wards Module 12: Fetal Distress in Labor and Prolapsed Cord - classroom
WEEK 9	WEEK 10	WEEK 11	WEEK 12
Review of: Module 13: Fever During pregnancy and Labor and After Childbirth - classroom/simulated practice/supervised practice on wards Module 14: Other Complications of Pregnancy and Childbirth - classroom/supervised practice on wards	Review of: Module 15: Managing Newborn Problems – classroom/simulated practice/supervised practice on wards Module 16: Family Planning – classroom/simulated practice/supervised practice in clinics	Review of: Module 17: Other Reproductive Health Concerns - classroom/supervised practice in clinics Module 18: Care of the Young Child – classroom/supervised practice in clinics	Supervised practice in antenatal clinics, labor and childbirth wards, and postpartum wards/clinics, focusing on normal pregnancy, childbirth, postpartum, and newborn care, and management of complications; and in maternal and child health clinics, focusing on family planning service provision

MIDWIFERY TRAINING PROGRAM CALENDAR
INSTITUTE OF HEALTH SCIENCES, KABUL
SEMESTER 4: PROVISION OF OTHER RELATED HEALTH SERVICES (17 WEEKS)

WEEK 13	WEEK 14	WEEK 15	WEEK 16
Supervised practice in antenatal clinics, labor and childbirth wards, and postpartum wards/clinics, focusing on normal pregnancy, childbirth, postpartum, and newborn care, and management of complications; and in maternal and child health clinics, focusing on family planning service provision	Supervised practice in antenatal clinics, labor and childbirth wards, and postpartum wards/clinics, focusing on normal pregnancy, childbirth, postpartum, and newborn care, and management of complications; and in maternal and child health clinics, focusing on family planning service provision	Supervised practice in antenatal clinics, labor and childbirth wards, and postpartum wards/clinics, focusing on normal pregnancy, childbirth, postpartum, and newborn care, and management of complications; and in maternal and child health clinics, focusing on family planning service provision	Supervised practice in antenatal clinics, labor and childbirth wards, and postpartum wards/clinics, focusing on normal pregnancy, childbirth, postpartum, and newborn care, and management of complications; and in maternal and child health clinics, focusing on family planning service provision
WEEK 17			
Supervised practice in antenatal clinics, labor and childbirth wards, and postpartum wards/clinics, focusing on normal pregnancy, childbirth, postpartum, and newborn care, and management of complications; and in maternal and child health clinics, focusing on family planning service provision	Final Comprehensive Knowledge Assessment to cover Modules 1 through 19, to be held during examination period		

* Approximately two to four hours of English language instruction is included in Weeks 1 through Week 11 of Semester 4.